U.S. Department of Labor Office of Labor-Management Standards 'Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Use and OL Es
	(AUG222005)
Ε	Que order

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

				1 / 1 / 2004 Through: 12 / 31 / 2004						
3. Name and address of person filing.				4. Name, file number, and address of labor organization.						
Name	TERRY	L FL	YNN		Name	PLUMBERS & PI	PEFITTERS I	OCAL 562		
					Labor	Organization File Nur	mber 035-93	2		
PO B	ox, Bldg., Room No., if any				P.O. Box, Building and Room Number, if any					
1.0.0.	ox, blogs, ribon ribs, it billy	L								
Street	et 10257 LOOKAWAY DRIVE			Street 12385 LARIMORE ROAD						
City	ST. LOUIS			AMBAGE II	City	ST. LOUIS				
State	Missouri		ZIF Code + 4 63137		State	Missouri		ZIP Code + 4	63138	
5. Positi	on in labor organization.	FFICE	2							
<u>. </u>	L									
Ent	Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):									
A Helo	A. Held an interest in, engaged in transactions (including ioans) with, or derived income or other economic benefit of									
moneta	ary value from an emplo	yer who	se employees your o	rganizati	on repres	sents or is actively	seeking to repre	esent.		
6. Name	e and address of Employer (including	trade name, if any).		7.a. Nati	ure of Interest, Transa	action, or income.		· · · · · · · · · · · · · · · · · · ·	
Name									-	
Trade	Trade Name, if any:									
P.O. 6	lox, Bldg., Room No., if any				7.b. Am	ount.				
Street										
City						Print De		D - **** A (020154) - 1-4-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-		
City	L									
State			ZIF' Code + 4		<u></u>					
Signature										
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)										
Sigr	ned Temps	Fly	vri		On	8/15/US	314-355-1	000 Telephone Numbi	er	
Form LM	/ 1-30 (2003)	_/_						•	Page 1 of 2	
									-	

Name of Person Filing TERRY FLYNN .		File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any). Name MCA OF EASTERN MO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4402 ST. VINCENT City ST. LOUIS State Missouri ZIF Ccde + 4 63119	9. Business deals with: X a. Labor Organization b. Trust c. Employer								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.								
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	MEAL AT CONFERENCE	COMMITTEE MEETIN	(G						
Street	11.b. Approximate dollar valu	ue of such dealing.	\$45						
City	12.a. Nature of interest held or income received.								
State ZIF Code + 4									
	12.b. Amount.								
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.									
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.								
Name			Administra						
Trade Name, if any:									
P.O. Box, Bldg., Room No., if any Street City									
State ZIF Code + 4									
13.b. Is the Business an Employer cr Consultant?	14.b. Amount of payment.								